

BACK PAIN RELIEF REPORT

CLIENT DETAILS

CLIENT ID	SG:7982
TYPE OF PAIN	BACK PAIN

SYMPTOMS (%) BEFORE THERAPY:

Title	Value
DULL ACHING PAIN(%)	30
SHARP STABBING PAIN(%)	35
MUSCLE SPASMS(%)	40
RADIATING PAIN(%)	45
NUMBNESS OR TINGLING(%)	50
WEAKNESS(%)	55
STIFFNESS(%)	60
PAIN WITH MOVEMENT(%)	65
PAIN THAT WORSENS AT NIGHT(%)	70
FATIGUE(%)	75
LOSS OF RANGE OF MOTION(%)	78
FEVER OR CHILLS(%)	82

PAINETRICS ANALYZE:

Title	Value
SEVERITY(%)	57
TYPE OF BACKPAIN	Spondylolisthesis

RELIEFTHERAPY ANALYZE:

Title	Value
THERAPY	Functional Movement Training
DURATION	4–6 weeks 1 session per week

SYMPTOMS (%) AFTER THERAPY:

Title	Value
PAIN BEFORE THERAPY (REDUCED %)	60
PAIN AFTER THERAPY (REDUCED %)	70
MUSCLE SPASMS (REDUCED %)	66
RADIATING PAIN (REDUCED %)	59
NUMBNESS OR TINGLING (REDUCED %)	42
STIFFNESS (REDUCED %)	63
PAIN WITH MOVEMENT (REDUCED %)	49
PAIN THAT WORSENS AT NIGHT (REDUCED %)	32
FATIGUE (REDUCED %)	36
LOSS OF RANGE OF MOTION (REDUCED %)	22
FEVER OR CHILLS (REDUCED %)	75
OVERALL RELIEF PERCEPTION (%)	45

EFFECTIVENESS ANALYZE:

Title	Value
EFFECTIVENESS (%)	60